

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 79042

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99642 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4 1887  
Full Name of Deceased, Robert Baum  
Sex, Male or Female, Male  
Age, 67 Years, 19 Months, Days.  
Color, Gr.

Married, Single, Widow or Widower, Single  
Occupation, Lumber Measure

Birth Place, Germany  
Duration of Residence in the City of Baltimore, 48 yrs.

Place of Death, 237 S. Caroline  
Cause of Death, Valvular Dis. of heart

First (Primary), Asthenia  
Second (Immediate),  
Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8 1887  
Undertaker, Fred Gaede M. D.

Place of Business, 108 S. Caroline Address, 226 S. Bay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022.

No. 99643

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99643 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4 1887

Full Name of Deceased, James Tolson

Sex, Male or Female, Male

Age, 57 Years, Months, Days.

Color, Red

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birth Place, Va.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, 611 N. Madam Alley

Cause of Death, Pneumonia, Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Levee Cemetery

Date of Burial, May 6 1887

Undertaker, William H. Dungey

Place of Business, 150 East St Address, 1937 E. Monument St

John A. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No. *99644* Office of Registrar of Vital Statistics.

Ward *19<sup>c</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 4<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James Edward Simms*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *15* Years, *15* Months, *15* Days.

Color, *Blk*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *City*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *City*

Place of Death, { Give Street and Number. } *504 Vincent St*

Cause of Death, { First (Primary), *Enteritis* }  
{ Second (Immediate), *Two weeks* }

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Levin Cemetery*

Date of Burial, *May 4 1887*

Undertaker, *William A. Dunge*

Place of Business, *150 East St*

*A. M. Belt*

M. D.

Medical Attendant.

Address, *1010 Cathedral St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Board of Health City of Baltimore.

Permit No. 99643 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5<sup>th</sup> May 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Jane Carroll

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 71 Years, 9 Months, 23 Days,

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, five

Place of Death, { Give street and Number. } E. Monument St. No. Ver. May

Cause of Death, { First (Primary), Pneumonia }  
Second (Immediate),

Duration of Last Sickness, abt. 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 7<sup>th</sup> May 1887

Undertaker, H. H. Jenkins & Co.

Place of Business, Park & Saratoga Sts. Address, 510 Park Ave

F. Donaldson M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99646 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 31 - 87  
Full Name of Deceased, Willie Botts  
Sex, Male or Female, Female  
Age, 7 Years, 7 Months, 7 Days.  
Color, Black  
Married, Single, Widow or Widower, Single  
Occupation, None  
Birth Place, B. City  
Duration of Residence in the City of Baltimore, 1 - 7  
Place of Death, 1120 Goodnews al  
Cause of Death, Conjestion of Lungs  
Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery  
Date of Burial, May 6 1887  
Undertaker, Hercules Ross  
Place of Business, 404 Bonnap Address, 815 Fifth  
Medical Attendant, R. H. Peller M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. *99647* Office of Registrar of Vital Statistics.

Ward *4<sup>th</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 5, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

*Mary Ann Burkhette*

Sex, Male or Female, { Cross out the word not required in this line. }

*Female*

Age, *27* Years,

Months,

Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

*Single*

Occupation, *X X X*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*Baltimore City*

Duration of Residence in the City of Baltimore, *Life Time*

Place of Death, { Give Street and Number. }

*63 Granby St*

Cause of Death, { First (Primary),

*Valvular Heart disease*

Second (Immediate),

Duration of Last Sickness, *Two Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *May 7, 1887*

*James E. Donnell*

M. D.

Undertaker, *James P. Byrne*

Medical Attendant.

Place of Business, *302 N. Gay St* Address, *1701 E. Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 99648 Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 4 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph H. Clark

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 419 Chestnut St

Place of Death, { Give Street and Number. } Malarial poisoning

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Meningitis

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's

Date of Burial, May 6 1887

Undertaker, James P. Byrne

Place of Business, 302 N. Gay St Address, 4 St. Enoch St

Medical Attendant, J. H. Meyer M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 99649

Office of Registrar of Vital Statistics.

Ward 19<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jessie Sisson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 26 Years, Months, Days.

Color, Blk

Married, ~~Single~~ Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Market woman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Montgomery Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } 1334 Whatcoat St

Cause of Death, { First (Primary), Phthisis Pulmonalis }  
{ Second (Immediate), }

Duration of Last Sickness, .....

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7 1887

{ Undertaker, S. W. Chase }

{ Place of Business, 141 Howard St }

Alfred M. Belt M. D.  
Medical Attendant.

Address, 1010 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

## Health Department, City of Baltimore.

Permit No. 99650 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. W. Sauts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years,  Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Engineer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, { Give Street and Number. } 46 Williamson St.

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease  
Aneurysm

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, In Friends Cemetery Harford Road

Date of Burial, May 6<sup>th</sup> 1887

Undertaker, Bernard Hale Russell M. D.

Place of Business, 115 West St Address, 715 Lyth

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

## Health Department, City of Baltimore.

Permit No. 99657 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Thursday morning May 5<sup>th</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Lutz  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 9 Years, 21 Months, 21 Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation, None  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City  
Duration of Residence in the City of Baltimore, during life  
Place of Death, { Give Street and Number. } 10043 William cor of Croft Sts  
Cause of Death, { Conjunctal  
{ First (Primary), Spinal Curvature and Epilepsy  
{ Second (Immediate), Congestion of Lungs  
Duration of Last Sickness, never was well 24 hours  
All the above information should be furnished by the Physician.  
Place of Burial, Cedar Hill  
Date of Burial, May 24  
{ Undertaker, B. G. Hall } J. E. Richard M. D.  
Place of Business, 115<sup>th</sup> West Address, 2830 O'Donnell St  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]